PTO/S8/08 (03-03)
Approved for use through 7/31/2008, ONER 6551-0002
U.S. Petent and Tresement Office; U.S. DEPARTMENT OF COMMERCE

DATENT ADDITION FEE DETERMINATION DECORD										
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Feath PTO-876								Application or Doctor Humber		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		NUMBER EXTRA]	RATE	FEE		RATE	FEE	
BASIC FEE (NF CFR 1.16(A))].			OR		
TOTAL CLAIMS (BT CFR 1.16(cj)		enthus 20 •	•			*1e		OR	X 5 0	
OFF CAR (1.18(b)) minus 3 =			•		× ••		OR	x		
MULTIPLE DEPENDENT CLAIM PRESENT (57 CFR 1.16(4))					1	÷s		OR.	+2	
" if the difference in column 1 is loss than zoro, enter "0" in column 2.					•	TOTAL		OR	TOTAL	•
CLAIMS AS AMENDED - PART II										
								OR	OTHER	RTHAN
4 7 1	(Column 1) CLAIMS	, ,	HIGHERT	(Cotumn 3)	1	SMALL	ENTITY	1		ENTITY
Z A	REMAINING AFTER AMENDMENT		NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (17 CFR LINES)	Ц.	Minus **	30	1	J٠	X 8 =		OR	×4	
Constraine	٠ ٢	Minus **	` \	1		x 6		OR	X 6	
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (D7 CFR L18(Q)						+.		OR	•	
						TOTAL ADD'L FEE		OR.	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)								•	ADD LIFE !	
# 2/2/06	CLAIMS REMARING AFTER AMENDMENT.	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT/ EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADO) TIONAL
E profitation	inl	Minus	mal	- /		X 8		OR	x4•	/
Independent profit Lugar	300	Minus	300	• /		X 8 •	. ·.	OR	x 8_/-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (27 CFR 1.966)						+0		OR	./.	
unded a pare						TOTAL ADD'L FEE		OR	TOTAL ADDIL FEE	
101100	(chans)	100	(Caturna 2)	(Column 3)						
SMTC	CLAIMS / REMAINING AFTER AMENDMENT	PF	HIGHEST MUNISER SEVIOUSLY PAID FOR	PRESENT		RATE	ADOI- TIONAL		RATE	- ACCI- FICHAL
Total Total Total Total Total Total	7	Atimus	$\overline{\Lambda}$	5/11		2.	FEE			FEE
Endependent	AM	000	4// (6 / F	М	X 8		/OR	× 6	
FIRST PRESENTATION OF AULTIPLE DEPENDENT CLAIM (OF CRR 1.1000)							-/ 1	OR	× 6	
						TOTAL	/-	OR	TOTAL	
* If the entry in others 1 is less than the entry in column 2, write "O' in column 3. ** If the "righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This collection of information is required by 37 CFR 1.10. The information is required to closin or retain a benefit by the public which is to like (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including qualitating, preparing, and submitting the completed application form to the USPTO. Then will very depending upon the individual case. Any comments on the amount of time you require to complete titls form antitor suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.